

MEDICAL EXAMINER'S CERTIFICATE**DEPARTMENT OF THE NAVY EXPLOSIVE HANDLER OR FORKLIFT OPERATOR**

I certify that I have examined _____ in accordance with

(check all that apply)

NAVSEA OP 5 & NAVMED P-117 (Explosive Material Handler, Program 721)

NAVSUP Pub 538 & NAVFAC P-300 (Forklift Operator, Program 710)

and with knowledge of the worker's position duties, I find this person

Qualified without restrictions Qualified with the following restrictions:

Signature of Independent Medical Provider

MD/DO

PA

ANP

IDC

Exam Date

Independent Medical Provider Name (print)

Expiration Date

Clinic and Location of Independent Medical Provider

A copy of this examination is on file in my office

Phone

Signature of Handler / Operator

Handler / Operator Date of Birth